



**INDIVIDUAL TRAINING ACCOUNT  
PARTICIPANT TERMINATION REPORT**

P.O. BOX 480  
JEFFERSON CITY, MO 65102

**TRAINING INSTITUTION (PLEASE PRINT OR TYPE)**

1. TRAINING INSTITUTION

2. INSTITUTION ADDRESS

CITY

STATE

ZIP CODE

**PARTICIPANT DATA**

3. NAME OF PARTICIPANT (LAST)

(FIRST)

(INITIAL)

4. SOCIAL SECURITY NUMBER

5. PROGRAM TITLE FOR WHICH TRAINING WAS GIVEN

6. CERTIFICATION NUMBER (AS SHOWN ON DESE 6A FORM)

**ATTENDANCE DATA**

7. ATTENDANCE (MO., DAY, YR.)

A. FIRST DAY

B. LAST DAY

**COMPLETION DATA**

8. CHECK ONE:

Student completed all course objectives.

Student did not complete course.

9. CHECK ONE:

I have billed DESE for all the Workforce Development costs associated with this student.

I have **not** billed and do **not** plan to bill DESE for additional costs associated with this student.

I have not billed but plan to bill DESE for additional costs associated with this student.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**

SIGNATURE

DATE

PRINT NAME

TELEPHONE NUMBER

COPIES OF TERMINATION: (1) File, (1) Dept Of Elementary & Secondary Education, (2) Referring Office And/Or Local Region